PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a	Docket Number	(Optional)	
FY 2005		455392000900	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number 09/834,106	Filed	April 13, 2001	
For DYNAMIC INTEGRATION OF DIGITAL FILES FOR TRANSMISSION OVER A NETWORK AND FILE USAGE CONTROL			
Art Unit 2136	Examiner	P. Parthasarathy	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period d			
Fee (27 CED 4 47(-)/4))	Small Entity F		
One month (37 CFR 1.17(a)(1)) \$120	\$60	\$	
Two months (37 CFR 1.17(a)(2)) \$450	\$225	<u> </u>	
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$	
X Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$ 2,160.00	
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
X The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  03-1952    Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent of record. Registration Num	ber		
attorney or agent under 37 CFR 1.34.  Registration parties if acting under 37 CFR 1.34	45,640		
Xo for	Febr	February 28, 2005	
( Signature		Date	
Jonathan Bockman		(703) 760-7769	
Typed or printed name	Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			

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